

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2015
NAME OF PROVIDER OR SUPPLIER THE KEMPTON AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2298 S 41ST STREET WILMINGTON, NC 28403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Gatchell and Ed Miller on November 19, 2015. This facility was first licensed as a Home for the Aged on June 4, 1997 for 136 residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code, Section 409.1 Institutional Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: a. The Fire Marshall's Report was not available at the time of the survey	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

11/15/15

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C 184	Continued From page 1 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the HVAC returns were not maintained clean. This could cause a radiation damper in the return to fail to activate in a fire emergency. Findings include: The following HVAC returns are dirty: a) 1st floor laundry b) 2nd floor laundry c) 3rd floor laundry, d) 1st floor soiled linen e) 2nd floor soiled linen f) 3rd floor soiled linen g) 1st floor soiled utility h) 2nd floor soiled utility i) 3rd floor soiled utility	C 184		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Corrected All HVAC returns have been cleaned.

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C 189	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. There are unprotected penetrations in the wall above the electric panels in Mechanical Room 33 b. In Room 307 the bathroom closet sprinkler head has dropped. c. In the corridor near room 322 a sprinkler escutcheon has dropped. d. In the Storage room 329 there is an unprotected ceiling penetration, e. In the wall behind the dryer in the Laundry there are unprotected penetrations f. In the corridor near room 103 a sprinkler escutcheon has dropped, g. In the Maintenance Shop there is an unprotected penetration in the ceiling h. In the Phone Room there is an unprotected penetration in the left wall i. In the main boiler room there is an unprotected penetration in the right rear wall, j. In Mechanical Room 12 there is an unprotected penetration in the wall, k. In the Sprinkler Room there is a wire sleeve in the ceiling that is not firestopped inside, l. In the closet ceiling of room 131 there is a gap at the sprinkler escutcheon, m. In the Janitorial Closet near room 109 there is a wire sleeve in the ceiling that is not firestopped inside, n. In the corridor near room 111 a sprinkler escutcheon has dropped, o. In the corridor near room 125 a sprinkler.	C 189	1. All areas listed below involving fire-resistance rating of building components has been corrected. <i>corrected</i>		

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C 189	<p>Continued From page 3</p> <p>escutcheon have dropped, p. In the portico ceiling sprinkler escutcheons has dropped q. In mechanical room 11 a 4" PVC pipe penetrating the ceiling has no fire collar. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) Storage room door at room 309 won't close and latch because self-closing hinges have not been set, b) At the Crafts and Fitness Office the door has been wedged open c) C-labelled storage room door 329 won't close and latch because self-closing hinges have not been set, d) 2nd floor Soiled linen door won't close and latch because self-closing hinges have not been set, e) 2nd floor Utility room door won't close and latch because self-closing hinges have not been set, f) At the 2nd floor community kitchen/Sunroom doors the left leaf would not latch when released. g) At the cross corridor doors near room 204 the left leaf will not latch when released. h) Mechanical Room 18 door won't close and latch because self-closing hinges have not been set, i) The two doors from the Dining Room to the Kitchen have dead bolts only, and are not equipped with positive latching hardware.</p>	C 189	<p><i>Corrected</i></p> <p>2. Doors that did not close completely + latch are corrected.</p> <p>Door To Dining Room → To Kitchen Does not have To Be latched</p>		

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C 189	<p>Continued From page 4</p> <p>j) The stair tower door near room 137 will not close and latch when released.</p> <p>k) 1st floor soiled utility door won't close and latch because self-closing hinges have not been set.</p> <p>l. The right Exit door at room 109 scrubs the frame and will not latch when released.</p> <p>3. Based on observation, the building electrical system was not maintained to keep the facility safe by blocking access to electrical panels. This would affect all residents by potentially overloading electrical circuits in the bedrooms.</p> <p>Findings include: Electrical panels are blocked in the following locations:</p> <ul style="list-style-type: none"> a) Mechanical room 33, b) Mechanical room 35, c) Pantry Electrical Room, d) Mechanical room 16 <p>4. Based on observation, the building electrical system was not maintained to keep the facility safe.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a) The Beauty Shop has (2) outlet expansion devices in use. b) In mechanical room 17 the electrical panel has an open space c) In the 2nd floor community kitchen/sunroom the stove disconnect was accessible and could be energized. (Cabinet lock secured immediately while on site) d) The NFPA 72 test report indicated fire panel battery low, however no invoice for the replacement of the battery could be found. Ensure low battery in FACP replaced with new battery. 	C 189	<p><i>Corrected</i></p> <p>3. All electrical panels rooms have been cleaned & corrected.</p> <p><i>Corrected</i></p> <p><i>Corrected outlet connection</i></p> <p><i>Did not have to change Battery. Here is The Service order of what was done</i></p>	

Service Order/Invoice

Form C-1



6750 Gordon Road • Wilmington, NC 28411-8464

 Phone (910) 392-7011
 Fax (910) 392-6272

Purchase Order No.	Invoice No.	Master Card/Visa No.	Exp.	Cash	Check
Type of System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Security <input type="checkbox"/> Suppression <input type="checkbox"/> Other					
Bill To		Job Name and Address			
		Kempston			
Called By		Telephone	Date 11-20-15	Site Contact	
Problem Telephone Line Trouble Zone.					
Initial System Status					
Services Performed <input type="checkbox"/> Service Call <input type="checkbox"/> Installation <input type="checkbox"/> Inspection & Test <input type="checkbox"/> Emergency Call <input type="checkbox"/> Warranty					
Fixed Line 1 Zone problem and add a zone for line 2 trouble					
System Status Upon Leaving <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete:					

Quantity	Part Number	Description	Unit Price	Extended Price

Time Record	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Date					11-20-15			
Start					8			
Finish								
Hours								

Via	Total Parts
Exempt#	Freight
@	% Tax
	Labor
	Monitoring
Miles @	Mileage
	Total Order

Keller's, Inc. is a Licensed Alarm Contractor (#766-CSA). For verification or information regarding licensing, contact:
 NC Alarm Systems Licensing Board • P. O. Box 29500 • Raleigh, NC 27626-0500 • Phone: 919-662-4387

Technician Signature:

Customer Signature:

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C 189	Continued From page 5 5. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit in Mechanical room 11 b. Sprinkler heads in the Kitchen and Freezer are covered with dust and dirt 6. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Exit signs are missing in the following locations: a) There is no Exit sign on the back right corridor by room 105 to direct egress through the cross corridor doors	C 189	Fire protection equipment has been corrected to maintain safe. Corrected Tubes has been cleaned. Exit signs has been corrected to be visible Corrected mounted exit sign by room 105		